MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024635 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6036

FILED JUL 2 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP #1 Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 329 N. Boyle Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First IRENE Middle M. Last FULD

4. DATE OF DEATH Month JUNE Day 15 Year 1962

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9/24/1892

9. AGE (last birthday) 69 IF UNDER 1 YEAR Months IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady

10b. KIND OF BUSINESS OR INDUSTRY Dress Industry

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Samuel Fuld

13b. MOTHER'S MAIDEN NAME Minnie Ulrich

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Karleen M. Haile 329 N. Boyle

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Brain Damage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Craniotomy for meningioma 4 days

DUE TO (c) 223

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-8-62 to 6-15-62 and last saw her/him alive on 6-15-62

Death occurred at 9:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Tanon D. Faris

22b. ADDRESS 1515 LAFAYETTE AVE.

22c. DATE SIGNED 6-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 6/19/1962

23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery

23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and sons 7233 Delma r

25. DATE REC'D BY LOCAL REG. JUN 18 1962

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF — DOCUMENT — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	21	2	9/9
3			
4	1		
5	0		
6			
7	0		
8	2		
9			
10			
11			
12	75-0		
13			

75

TANON D. FARIS, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

City Engineer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.